

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34803

1. PLACE OF DEATH

County..... Registration District No. 4701
Township..... Primary Registration District No. 200
City St. Louis (No. 2941) Sullivan St. Ward)

File No.
Registered No. 8974
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode) Thomas Halligan St. 20 Ward.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Halligan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3rd 1869</u>		
7. AGE <u>64</u>	YEARS <u>8</u>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bricklayer</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>James Halligan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Mary Ann McLaughlin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Mr. Helen McLaughlin</u> <u>2941 A Sullivan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>Oct 19th 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur J. Donnelly & Co</u> <u>3840 Lindbergh</u>		
20. FILED <u>OCT 17 1933</u> <u>J. Brederick</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Oct 16, 1933.
I last saw him alive on Oct 10th, 1933. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
131
82B
97
Other contributory causes of importance:
Chronic interstitial nephritis and arteriosclerosis
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify.....
(Signed) Arthur J. Donnelly M. D.
(Address) 1901 Madison St.

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19 = a Madison
10-02 30